

<div style="font-size: 2em; float: left; margin-right: 10px;">B</div> <div> MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) </div>							SERIAL NO. <div style="font-size: 1.5em;">09/936653</div>		FILING DATE	
APPLICANT(S)										
CLAIMS										
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
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TOTAL DEP.	54									
TOTAL CLAIMS	69									